

Date: \_\_\_\_\_  
Judge Chris Morales, Ft. Bend County Court at Law 1  
Judge Jeff McMeans, Ft. Bend County Court at Law 2  
Judge Susan Lowery, Ft. Bend County Court at Law 3  
Judge Jerry Bussell, Ft. Bend County Court at Law 4  
Judge Ronald Cohen, Ft. Bend County Court at Law 5

**MAILING ADDRESS** 301 Jackson St. **Telephone:** 281-341-8665  
Richmond, TX. 77469 **Fax:** 281-341-4520

**Re: Suggestion of Need for Guardian or Need for Investigation of Circumstances under §1102.001,  
Texas Estates Code**

Dear Judges:

My name is: \_\_\_\_\_  
(Print name)

I request the Court to investigate the need for a guardian for or the circumstances of the following person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN \_\_\_\_\_  
Drivers License #(if applicable) \_\_\_\_\_

I am bringing this matter to your attention as:

- a friend
- a family member (relationship) \_\_\_\_\_  
NOTE: As a family member, you will need to sign this form in front of a Notary
- a social worker in a: hospital nursing home governmental facility
- a doctor
- other \_\_\_\_\_

This person is currently located in a:

- private residence (list full address) \_\_\_\_\_
- nursing home (name & address) \_\_\_\_\_
- hospital (name & address) \_\_\_\_\_
- Other \_\_\_\_\_

The person **IS**  **IS NOT**  in **imminent danger** of serious impairment to his or her physical health or safety unless immediate action is taken. (check one) **If you checked "IS", explain:**

\_\_\_\_\_  
\_\_\_\_\_

The property or assets of the person **ARE**  **ARE NOT**  in **imminent danger** of serious damage, loss or waste unless immediate action is taken. (check one) **If you checked "ARE", explain:** \_\_\_\_\_

YES  No I have contacted the Texas Department of Family and Protective Services (800-252-5400). If "Yes," the name of the caseworker is: \_\_\_\_\_ contact # \_\_\_\_\_ and date contacted \_\_\_\_\_

This person has the following **relatives**: (please circle the name(s) of those persons who might be willing to serve as guardian and include his/her Social Security Number. Attach additional sheets as needed)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_

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Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

These following persons are **non-family members** who might be willing to serve as guardian. (Include the Social Security. Attach additional sheets as needed.)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

To my knowledge, this person: is  is not  a resident of Fort Bend County.

is  is not  located in Fort Bend County.

has  has not  executed a Power of Attorney to anyone.

does  does not  have a Guardian in Texas.

If you believe this person has executed a Power of Attorney, to whom was it given?:

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_

Relationship \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone: \_\_\_\_\_

In my opinion, this person is: an adult individual who, because of a  physical and/or  mental condition, is substantially unable to: (check one or more, as applicable)

provide food, clothing, or shelter for himself or herself,

care for the individual's own physical health,

manage the individual's own financial affairs; **or**

This person:  is a minor

The nature and degree of the person's incapacity or other facts that indicate that need for a guardian are as follows: \_\_\_\_\_

\_\_\_\_\_

The person has the following property :

PROPERTY: (including Real Property, Cash, Bank Accounts, Certificates of Deposit, Stocks, Securities, other investments, automobiles, etc.)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \_\_\_\_\_

MONTHLY INCOME: (Show sources and amounts per month)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \_\_\_\_\_

MEDICAL INSURANCE: (List all forms of medical insurance: Medicaid, Medicare, Private Insurance, etc. and Policy #)

\_\_\_\_\_

I hereby swear that this information is true and correct to the best of my knowledge.

Sincerely yours,

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

